

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		05-901
O.I.P.E. CLASSIFIER		1121	9-12-01
FORMALITY REVIEW	KD	1121	9-14-01
RESPONSE FORMALITY REVIEW	Em	927	11-16-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/12
2	0	0	10/18
3	0	0	03/03
4	✓	0	
5	✓	0	
6	✓	0	
7	0	0	
8	0	0	
9	✓	✓	
10	=	=	
11	=	=	
12	✓	✓	
13	0	0	
14	0	0	
15	0	0	
16	0	0	
17	0	0	
18	=	=	
19	✓	✓	
20	✓	✓	
21	=	=	
22	✓	✓	
23	✓	✓	
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If more than 150 claims or 10 actions  
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